

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

STATEMENT OF PARTNERSHIP AUTHORITY

FILING FEE: \$100

The undersigned hereby files under SDCL 48-7A-303 as a partnership.

1. The name of the partnership is; _____

2. The street address of its chief executive office is; _____

3. The street address of one office in South Dakota if there is one; _____

4. The names and mailing addresses of all of the partners (list of names may be attached) **OR** :
the **name and street address of the agent** appointed by the partnership to maintain a list of the names/addresses of all partners
is: _____

5. The names of the partners authorized to execute an instrument transferring real property held in the name of the partnership;
6. The partnership may state the authority, or limitations on the authority, of some or all of the partners to enter into other
transactions on behalf of the partnership and any other matters.

I declare under penalty of perjury that the contents of the above statement are accurate.

Dated _____

(partner signature)

(partner signature)

A statement filed by a partnership must be executed by at least two partners.

Please submit one original for filing and one copy to receive date stamped acknowledgement of filing.

Unless earlier canceled, a filed Statement of Partnership Authority is canceled by operation of law five years after the date on which the statement, or the most recent amendment, was filed with the Secretary of State.